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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RE-MMAP INC
Account Number : I20110000080
Phone : (561)623-0241
Fax Number : (561)953-0089

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@RE-MMAP.COM

FLORIDA LIMITED LIABILITY CO.
KHM ENTERPRISES LLC

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FAX

Date:	2/4/2013

Pages including cover sheet:	8

To:	
Phone	
Fax Number	*+1 (850) 617-6383*

From:	Sylvia Rosales
	Re-Mmap INC
	4500 Belvedere Rd, Ste A3
	West Palm Beach
	FL 33415
Phone	*(561) 227-9647 ext 102*
Fax Number	*(561) 227-9647*

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NOTE:	

TO: DIVISION OF CORPORATIONS

KHM ENTERPRISES LLC

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KHM ENTERPRISES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUBERT MCINTOSH
Name of Person

RE-MMAP INC
Firm/Company

4500 BELVEDERE ROAD, SUITE A-3
Address

WEST PALM BEACH, FL 33415
City/State and Zip Code

INFO@RE-MMAP.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HUBERT MCINTOSH at (561) 6230241
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

KHM ENTERPRISES LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
4500 BELVEDERE ROAD, SUITE A-3	4500 BELVEDERE ROAD, SUITE A-3
WEST PALM BEACH, FL 33415	WEST PALM BEACH, FL 33415

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RE-MMAP INC
Name

4500 BELVEDERE ROAD, SUITE A-3
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH FL 33415
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Hubert McIntosh
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	RE-MMAP INC 4500 BELVEDERE ROAD, SUITE A-3 WEST PALM BEACH, FL 33415

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Sylvia Rosales
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SYLVIA ROSALES
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)